

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/595831

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10	1		1			
11		1				
12		2				
13		0				
14		0				
15	1		1			
16		1				
17		2				
18	1		1			
19		1				
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50						
TOTAL IND.	4		4			
TOTAL DEP.	20		16			
TOTAL CLAIMS	24		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						